## Case 19-16921-mdc Doc 46 Filed 07/20/20 Entered 07/20/20 12:14:07 Desc Main Document Page 1 of 3

	ill in thin inform	otion to i	dontify your oppos						
			dentify your case:	Halland					
	Debtor 1	Kia First Name	R. Middle Name	Holland Last Name			—   Ch	eck if this is:	
	Debtor 2	First Name	Middle None	Loot Name			<u> </u>	An amended filing	
	(Spouse, if filing)	First Name	Middle Name	Last Name	/I \/ A	NIA		A supplement showing postpetition	
	United States Bankr Case number	19-16921		IST. OF FENINS	LVA	INIA	$- $ $^{-}$	chapter 13 income as of the following date:	
1	(if known)	10 10021			_			MM / DD / YYYY	
Of	ficial Form 10	<b>1</b> 61							
Sc	hedule I: Yo	ur Incor	ne					12/15	
res incl abo you	ponsible for supply ude information al out your spouse. If ir name and case n	ving correct bout your space more space	information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every o	e married and not ated and your spo eparate sheet to th	filing ouse i	jointly s not f	, and your iling with y	d Debtor 2), both are equally spouse is living with you, you, do not include information any additional pages, write	
1.	Fill in your emplo		ymont.						
٠.	information.			Debtor 1				Debtor 2 or non-filing spouse	
	If you have more than on job, attach a separate pag with information about additional employers.		Employment status	✓ Employed				☐ Employed	
				■ Not employed	ed			☐ Not employed	
		515.	Occupation	Piece Worker					
	Include part-time, or self-employed v		Employer's name	Alvah Bushne	II Co.			_	
	Occupation may in student or homem applies.		Employer's address	Number Street				Number Street	
	••								
						PA	19114	_	
				City		State	Zip Code	City State Zip Code	
			How long employed the	here? <u>22 Yea</u>	rs		_		
P	art 2: Give D	etails Ab	out Monthly Incom	е					
	imate monthly inco			<b>n.</b> If you have noth	ing to	report	for any line	e, write \$0 in the space. Include your	
		•	e more than one employed arate sheet to this form.	er, combine the info	ormati	on for	all employe	ers for that person on the lines below. If	
						For D	ebtor 1	For Debtor 2 or non-filing spouse	
2.			alary, and commissions I monthly, calculate what		2.		\$1,950.00		
3.	Estimate and list	monthly ov	ertime pay.		3	F	\$0.00		

Official Form 106l Schedule I: Your Income page 1

Calculate gross income. Add line 2 + line 3.

\$1,950.00

Debto	or 1 Kia R. Holland		Case nun	nber (if known	ı) <u>19-1</u>	6921MDC13				
			For Debtor 1	For Debtor		_				
(	Copy line 4 here	<b>4</b> .	\$1,950.00							
	List all payroll deductions:	_	<b>*</b> 225.22							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$365.00							
	5b. Mandatory contributions for retirement plans	5b.	\$0.00							
	5c. Voluntary contributions for retirement plans	5c.	\$0.00							
	5d. Required repayments of retirement fund loans	5d.	\$0.00							
	5e. Insurance	5e.	\$0.00							
	5f. Domestic support obligations	5f.	\$0.00							
	5g. Union dues	5g.	<u>\$0.00</u>							
•	5h. Other deductions.  Specify:	5h.	\$0.00							
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$365.00							
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	. 7.	\$1,585.00							
	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.									
8	8b. Interest and dividends	8b.	\$0.00							
1	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$176.00							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.									
8	8d. Unemployment compensation	8d.	\$0.00							
8	8e. Social Security	8e.	\$0.00							
1	8f. Other government assistance that you regularly receive									
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.									
	Specify:	8f.	\$0.00							
8	8g. Pension or retirement income	— 8g.	\$0.00							
8	8h. Other monthly income.									
	Specify: See continuation sheet	8h.	\$864.00							
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	. 9.	\$1,040.00							
	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,625.00	+		\$2,625.00				
11.	State all other regular contributions to the expenses that you list in	Schedu	ıle J.							
	clude contributions from an unmarried partner, members of your household, your dependents, your roommates, and other ends or relatives.									
ı	Do not include any amounts already included in lines 2-10 or amounts th	nat are r	not available to pay e	expenses liste	d in Sch	edule J.				
;	Specify:				11. <b>+</b>	+ \$0.00				
i	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie	12.	\$2,625.00							
	if it applies.		Combined monthly income							
	Do you expect an increase or decrease within the year after you file	triis to	IIII f							
	✓ No. None.  Yes. Explain:									
	l									

Debtor 1		Kia R. Holland		Case nui	19-16921MDC13	
8h.	Other I	Monthly Income (details)		For Debtor 1	For Debtor 2 non-filing spo	
	Charle	es Stone		\$398.00		
	Estima	ated Prorated IRS Refund		\$466.00		
			Totals:	\$864.00		